

State of Arkansas
Assessment Coordination Department
CAMP Participation Computer Order Form

Bill To Address

Name _____
Street Address _____
City _____
State _____
Zip _____
Phone _____
If Available **Fax** _____
Email _____
Contact Name _____

Ship To Address

Name Assessment Coordination Department
Street Address 1614 West Third Street
City Little Rock
State Arkansas
Zip 72201
Phone 501-324-9240
Fax 501-324-9242
Email JZimpel@acd.state.ar.us
Contact Name John Zimpel

PO Number _____
Date Ordered _____

Quantity	Quote Number	Description	Cost
1	88404253-3080275	Dell Precision 430 Minitower	\$2,097.00

Tax \$ 138.96

Order Total \$ 2,235.96

Ordered By _____

To place this order please fill in the form above.

Fax the completed form to the DIS IT Procurement Office, attention Amy Stoddard Fax # 501-682-2948